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B22A (Official Form 22A) (Chapter 7) (04/13)

In re John Henry Schneider	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ION	NTHLY INC	ON	ME FOR § 707(b)('	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies a					emei	nt as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	b. Married, not filing jointly, with declaration								
2	"My spouse and I are legally separated under purpose of evading the requirements of § 707								
for Lines 3-11.				IKIU	picy code. Complete o	, iii	column A (De	o co.	i s income)
	c. Married, not filing jointly, without the declar					b above. Complete both Column A			
	("Debtor's Income") and Column B ("Spot							•	
	d. \square Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (All figures must reflect average monthly income received from all sources, derived during the six				Spo	-	for		
	calendar months prior to filing the bankruptcy case						Column A		Column B
	the filing. If the amount of monthly income varied			ths,	you must divide the		Debtor's Income		Spouse's Income
	six-month total by six, and enter the result on the a	appro	opriate line.				income		Hicome
3	Gross wages, salary, tips, bonuses, overtime, con	mmis	ssions.			\$	0.00	\$	
	Income from the operation of a business, profess								
	enter the difference in the appropriate column(s) o business, profession or farm, enter aggregate numb								
	not enter a number less than zero. Do not include								
4	Line b as a deduction in Part V.	_		-		i			
	a. Gross receipts	\$	Debtor	00	Spouse				
	a. Gross receiptsb. Ordinary and necessary business expenses	\$		00					
	c. Business income	Su	btract Line b fro			\$	0.00	\$	
	Rent and other real property income. Subtract I								
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any								
5	part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse					I			
3	a. Gross receipts	\$.00	Spouse \$				
	b. Ordinary and necessary operating expenses		0	.00	\$				
	c. Rent and other real property income	Su	btract Line b fro	om I	ine a	\$	0.00	\$	
6	Interest, dividends, and royalties.					\$	0.00	\$	
7	Pension and retirement income.					\$	0.00	\$	
	Any amounts paid by another person or entity,								
8	expenses of the debtor or the debtor's dependen								
Ü	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;								
	if a payment is listed in Column A, do not report the					\$	0.00	\$	
	Unemployment compensation. Enter the amount								
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A								
9	or B, but instead state the amount in the space belo	ow:	nount of such ex	Jinp	chisacion in Column 71				
	Unemployment compensation claimed to								
	be a benefit under the Social Security Act Debto	or \$	0.00	Spo	ouse \$	\$	0.00	\$	
	Income from all other sources. Specify source an								
	on a separate page. Do not include alimony or sep spouse if Column B is completed, but include all								
	maintenance. Do not include any benefits received								
10	received as a victim of a war crime, crime against l	huma	anity, or as a vio	ctim	of international or				
10	domestic terrorism.		Dobtor		Spouso				
	a.	\$	Debtor		Spouse \$				
	b.	\$			\$				
	Total and enter on Line 10					\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707(1								
	Column B is completed, add Lines 3 through 10 in	ı Col	umn B. Enter t	he t	otal(s).	\$	0.00	\$	

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		0.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	0.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MT b. Enter debtor's household size: 5	\$	75,714.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•	
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does no	ot arise" at the
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CUR	REN'	T MONTHLY INCOM	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer a. b. c. d. Total and enter on Line 17	regular basis for the h low the basis for exclus support of persons of purpose. If necessary,	ousehouding the ther that	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's or	the debtor's s payment of the dependents) and the	\$
18	Current monthly income for § 70	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION (OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Sta	ndard	s of the Internal Revenu	ie Service (IRS)	
19A	National Standards: food, clothin Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the that would currently be allowed as additional dependents whom you s	Other Items for the apporter of the bankrupto exemptions on your for	olicable y court	number of persons. (This in) The applicable number of	formation is available persons is the number	\$
19B	National Standards: health care. Out-of-Pocket Health Care for pers Out-of-Pocket Health Care for pers www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of p be allowed as exemptions on your you support.) Multiply Line a1 by Line c1. Multiply Line a2 by Line c2. Add Lines c1 and c2 to obtain a Persons under 65 yea a1. Allowance per person	ons under 65 years of ons 65 years of age on ork of the bankruptcy of lenter in Line b2 the agersons in each age cat federal income tax retulation b1 to obtain a total arm a total health care amounts of age	age, and colder. court.) I applical applical amount for bunt, and a2.	d in Line a2 the IRS Nation (This information is available ther in Line b1 the applicable number of persons who as the number in that category is the number of any addition ant for persons under 65, and repersons 65 and older, and denter the result in Line 191 Persons 65 years of age Allowance per person	al Standards for le at ole number of persons are 65 years of age or that would currently hal dependents whom d enter the result in enter the result in Line B.	
	b1. Number of persons c1. Subtotal		b2. c2.	Number of persons Subtotal		\$
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	lities; non-mortgage expenses for the application the clerk of the allowed as exemption	expens cable co	es. Enter the amount of the bunty and family size. (This btcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	\$			
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
23	□ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lir the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Powered for the delta coursed by Vehicle 2, as stated in Line 42; subtract Line b from Line and enter-				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$		
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$		
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary			

 $^{^{*}}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$		
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).			\$		
41	Total Additional Expense Deductio	ns under § 707(b). Enter the total of I	Lines 34 through 40		\$	
	;	Subpart C: Deductions for De	bt Payment			
42	own, list the name of the creditor, ide check whether the payment includes scheduled as contractually due to each	For each of your debts that is secured entify the property securing the debt, states or insurance. The Average Month h Secured Creditor in the 60 months for additional entries on a separate page.	ate the Average Montl ally Payment is the total allowing the filing of t	nly Payment, and all of all amounts he bankruptcy		
	Name of Creditor a.	Property Securing the Debt	\$	Does payment include taxes or insurance? □yes □no	\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
45	a. Projected average monthly cl b. Current multiplier for your d issued by the Executive Offic information is available at w the bankruptcy court.)	s. If you are eligible to file a case under y the amount in line b, and enter the remapter 13 plan payment. istrict as determined under schedules the for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case		expense.	\$	
46	Total Deductions for Debt Payment	Enter the total of Lines 42 through 45	5.		\$	
	S	Subpart D: Total Deductions f	rom Income			
47	Total of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	
	Part VI. D	ETERMINATION OF § 707(t	o)(2) PRESUMP	ΓΙΟΝ		
48	Enter the amount from Line 18 (Cu	arrent monthly income for § 707(b)(2))		\$	
49	Enter the amount from Line 47 (To	tal of all deductions allowed under §	707(b)(2))		\$	
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$	

	Initial presumption determination. Check the applicable box and proceed as dir	rected.			
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
02	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co	omplete the remainder of Part VI (L	ines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed a	as directed.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may a		on arises" at the top		
	Part VII. ADDITIONAL EXPENSE	CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All feach item. Total the expenses.	n your current monthly income under	er §		
	Expense Description	Monthly Amou	nt		
	a.	\$			
	b.	\$	_		
	c.	\$	4		
	d.	\$			
	Total: Add Lines a b.c. and d	\$			
	Total: Add Lines a, b, c, and d	\$			
	Total: Add Lines a, b, c, and d Part VIII. VERIFICATION				
	Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement	N	t case, both debtors		
57	Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement must sign.)	N	t case, both debtors		
57	Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement must sign.)	N is true and correct. (If this is a join	t case, both debtors		

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2014 to 11/30/2014.